



Docket No. 886-122US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Baumeister et al.
Serial No. : 10/688,769
Filed : October 16, 2003
For : SYSTEM AND METHOD FOR EFFICIENT CALL MANAGEMENT FOR
DIRECTORY ASSISTANCE SERVICES

CERTIFICATE OF MAILING (37 C.F.R. 1.8a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached Amendment, Amendment Transmittal, Petition for one-month extension of time, Information Disclosure Statement w/ 1 reference, Check for \$120.00, and Return Postcard, along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450 Alexandria, V.A. 22313-1450.

Respectfully submitted,

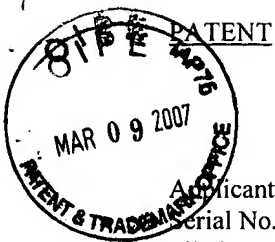
SOFER & HAROUN, L.L.P.

By: 
Valentina Papraniku

Date: March 5, 2007

Mailing Address:

SOFER & HAROUN, L.L.P.
317 Madison Avenue, Suite 910
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Docket No. 886-122us

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Baumeister et al. Group Art Unit: 2614
Serial No. : 10/688,769 Examiner: Benny Tieu
Filed : October 16, 2003
For : SYSTEM AND METHOD FOR EFFICIENT CALL MANAGEMENT FOR
DIRECTORY ASSISTANCE SERVICES

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

- ☐ No additional fee is required.
- ☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Covered by Previous Payments	Present Extra	Rate	Additional Fee
Total Claims*	25	-	29	=0	x \$50.00	\$ _____
Independent Claims	2	-	3	=0	x \$200.00	\$ _____
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.)					\$ _____
	Total:					\$ _____
<input type="checkbox"/>	Verified Statement of "Small Entity" Status Under 37 CFR § 1.27 filed _____. Reduced Fees Under 37 CFR § 1.9(f) (50% of total) paid herewith.					\$ _____

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

- ☐ Charge fee to Deposit Account No. 19-2825 . Order No. _____
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No.19-2825. Order No. 886-122US.
- ☐ ___ Page(s) of substitute Sequence Listing
- ☐ ___ Computer disk(s) containing substitute Sequence Listing
- ☐ Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- ☒ A check in the amount of \$25.00 to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

Dated: March 5, 2007

By: _____

Joseph Sofer

Registration No. 34,438

Mailing Address:

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